Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/20/ <u>2010</u>	Address:	183 Brailler Road
Case #:	<u>24F32175</u>		Pierceton, Indiana
County:	Kosciusko		<u>46562</u>
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Ifotel/Motel Open No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Kitchen □ Red Phosphorous/Iodine Reaction(s):			
 ☐ Flammable Solvents: basement, Kitchen ☐ Water Reactive Metal (Lithium): Kitchen/master bedroom ☐ Anhydrous Ammonia: Kitchen ☐ Ilydrochloric Acid Gas Generator(s): Master bathroom ☐ Corrosive Acid: Basement/master bathroom ☐ Corrosive Base: Kitchen/Basement ☐ Other (item and Jocation): 			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		 Lovestigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:<u>LE</u> 	
This report is to be faxed to the following agencies that serve the location:			
Health Depa	ment: <u>PTERCETON VFD</u> sixtment: <u>Kosciusko County</u> stion Service: <u>K-County CPS</u>	Fax: <u>574-594-2132</u> Fax: <u>(574) 269-2023</u> Fax: <u>: 574-267-</u> 8507	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.